

FILED JUL 12 1957

STANDARD CERTIFICATE OF DEATH

57 021 2888
STATE FILE NUMBER 3042

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SHAWNEE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN TOPEKA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSP.		Length of stay in lb 6 WEEKS		815 ⁰ ST. STREET ADDRESS 2122 MISSION		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EARL J PYLE				4. DATE OF DEATH Month Day Year JUNE 28 57			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 4, 1895	
9. AGE (In years last birthday) 61		10. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT		11. BIRTHPLACE (City and state or country) McCLOUTH, KANS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES S. PYLE				14. MOTHER'S MAIDEN NAME CARRIE DONALDSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT HELEN PYLE 2122 MISSION TOPEKA, KAN.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelonephritis and Uremia DUE TO (c) Ureteral abstr. sec. to Care of Sigmoid PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1537							INTERVAL BETWEEN ONSET AND DEATH 2 wks 9 mo 1 yr
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-17-56 to 6-28-57 and last saw her alive on 6-27-57 Death occurred at 6 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm. A. Staggs M.D.				22b. ADDRESS 1030 Angles KC Mo.		22c. DATE SIGNED 6-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 1-1957		23c. NAME OF CEMETERY OR CREMATORY GREENLAWN		23d. LOCATION (City, town, or county) KANSAS CITY Mo.	
24. FUNERAL DIRECTOR D.W. Newcomer Sons		ADDRESS Kan City, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-57		26. REGISTRAR'S SIGNATURE Neva Marshall	



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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas K Brown

Licensed Embalmer No. 48

P. O. Address KE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license)
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.